

# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

86 -62-049365

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 18 1962

VS 300  
Rev. 4/59

1 1100  
2 1100  
3 2  
4 0  
5 1  
6  
7 0  
8 2  
9 600  
10  
11  
12 90-0  
13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

|  |   |  |                             |
|--|---|--|-----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Washington  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY Washington   |                             |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Union Twnshp  |   | c. CITY OR TOWN Cadet  |                             |
| Length of stay in 1b 29 yrs  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Rt 1 Cadet, Mo.   |   | d. STREET ADDRESS (If outside, give location)<br>R#1 Box 361   |                             |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last Otto William Rueter   |   | 4. DATE OF DEATH<br>Month Day Year Dec. 14 1962  |                             |
| 5. SEX<br>Male   | 6. COLOR OR RACE<br>Cau   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br>9/30/94 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Molder  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br>Foundry   |                             |
| 11. BIRTHPLACE (City and state or country)<br>Leslie, Mo.  |   | 12. CITIZEN OF WHAT COUNTRY<br>USA   |                             |
| 13a. FATHER'S NAME<br>August Rueter  |   | 13b. MOTHER'S MAIDEN NAME<br>Anna Breckenkamp  |                             |
| 14. NAME OF HUSBAND OR WIFE<br>Dorothy R. Rueter   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>yes WW I  |                             |
| 16. INFORMANT<br>Mrs. Otto Rueter R#1 Cadet, Mo.   |   | 17. ADDRESS  |                             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Cancer of nose primary<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH   |                             |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                             |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                             |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                             |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |                             |
| 21. I attended the deceased from Nov. 20 - 1962 to Dec. 14 - 1962 and last saw her alive on Nov. 20 - 1962<br>Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |                             |
| 22a. SIGNATURE (Degree or title)<br>Joseph L. Florman M.D.   |   | 22b. ADDRESS<br>Potosi, Mo.  |                             |
| 22c. DATE SIGNED<br>12-17-62   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                             |
| 23b. DATE<br>12/17/62  |   | 23c. NAME OF CEMETERY OR CREMATORY<br>New Masonic Cem.   |                             |
| 23d. LOCATION (City, town, or county)<br>Potosi, Missouri  |   | 24. FUNERAL DIRECTOR<br>Gum & Son  |                             |
| 25. DATE RECD. BY LOCAL REG.<br>12/17/62   |   | 26. REGISTRAR'S SIGNATURE<br>Hilbert Endale  |                             |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

JAN 4 1963

DEC 27 1962

MAY 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Green

Licensed Embalmer No. 5155

P. O. Address Lotosi, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.